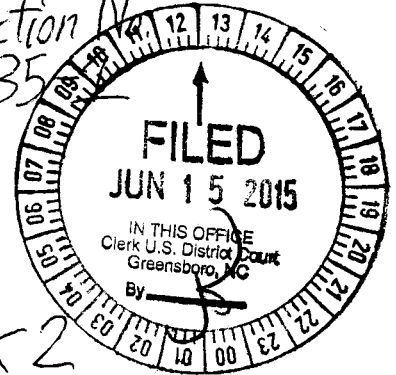


IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

Plaintiff, United States of America

v.
Defendant, Brian David Hill

Criminal Action No.
1:13CR435



HEALTH DETERIORATION REPORT #2 / WEEK 2

I the Defendant Brian D. Hill, file the second Health Deterioration Report with the court. I have attached evidence to ~~the court~~ in this filing for the court (See Attachments Inmate Request Form 1 and 2, and Medical Dept. Communication) proving that my health continues to deteriorate while Chronic Care Nurse Patrisha Asscotte or Aycoth (assuming I am spelling her name right) wishes to cover their own bottoms by blaming my eating of their diet trays and outside meals when I wasn't in jail. The issue is that they aren't giving me my prescribed NovoLog and that their diet trays have carby foods (Orange Juice, Milk, grits or oatmeal, potatoes, bread, peaches, etc etc.) while the nurses wait over 2-3 hours before injecting their low-quality 70/30 insulin only using their method of sliding scale and refusing to administer NovoLog insulin before my meals as my doctors would normally have it. It is clear that the medical staff of jails don't know what they are doing or using flawed medical methods and procedures that aren't working that deteriorates health which lead to complications.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 8, 2015.

Brian D. Hill
Signed

Brian David Hill (Pro Se)
Forsyth Co. Detention Center
201 N. Church St.
Winston Salem, NC 27101

CERTIFICATE OF SERVICE

I, Brian D. Hill, certify that the foregoing
~~HEALTH DETERIORATION~~ REPORT #2/WEEK 2
was deposited in the institutions mailing system around
June 10, 2015, to be mailed to the Clerk Of The
Court through the United States Postal Service (USPS)
prepared. The clerk shall file this then notify all
involved parties through the CM/ECF system which
include the following:

<u>U.S. Attorney</u>	<u>Defendant</u>	<u>U.S. Magistrate Judge</u>
- Ripley Rand	- Brian David Hill	- Elizabeth Peake,
- Asst. Anand Prakash Ramaswamy	- Defense Attorney	The Honorable

U.S. Probation Office
- Chief Philip Williams
(USPD, Western District
of Virginia, Roanoke division)
- Deputy Chief Lisa P. Palombo
- Supervisory USPD Edward R.
Cameron

Brian D. Hill
signed

#1908253 Brian David Hill (Pro Se)
Forsyth County Detention Center
201 N. Church St.
Winston Salem, NC 27101
2 - Evidence Attached

FORSYTH COUNTY SHERIFF'S OFFICE
DETENTION SERVICES BUREAU

INMATE GRIEVANCE FORM 1

Date Received: _____
Log #: _____
Category: _____

INMATE NAME: Brian David Hill BOOKING #: 138125 HOUSING LOCATION: 2B07
GRIEVANCE: Weight is 178.9 around 5:35am. Dropped from 179.7 to 178.9. Also found out it is Jail policy to lower the temperature to 40 degrees every night under the guise of eliminating fights in jail as one inmate has told me but he believes it is for the purpose of sleep deprivation.

(ADDITIONAL SPACE IS PROVIDED ON THE BACK OF THIS SHEET. YOU MAY USE ADDITIONAL PAPER IF NECESSARY)

MY PROPOSED RESOLUTION IS: Bring this form to the U.S. District Court, a copy to Congress and the pink copy retained by the Defendant.
I will file with U.S. Senator Tim Kaine's Office (Virginia) to which he can forward copy to the House and Senate Judiciary Committees. 1:13CR435-9

(ADDITIONAL SPACE IS PROVIDED ON THE BACK OF THIS SHEET. YOU MAY USE ADDITIONAL PAPER IF NECESSARY)

INMATE SIGNATURE Brian D. Hill BOOKING ID # 1908253 DATE 06/06/2015 ^{Saturday}

☒ NON GRIEVABLE - Will be filed with the Court/Congress instead of Jail staff.
☐ GRIEVANCE REJECTED DUE TO: _____

STEP I ASSIGNED TO (NAME / DATE) _____
STEP II ASSIGNED TO (NAME / DATE) _____
STEP III ASSIGNED TO (NAME / DATE) _____
SIGNATURE: _____ ID No. _____
GRIEVANCE OFFICER _____

STEP I. SHIFT ADMINISTRATOR/SECTION HEAD Brian D. Hill Report
The insulin that the Correct Care Solutions (CCS) uses is 70/30 and not using my NovoLog Flexpens since they don't have pen tips for using such pens. That insulin may not be very good quality from what I am hearing from other inmates. They are using the Lantus insulin and giving me 36 units per night.
SIGNATURE: _____ DATE 06/07/2015
SHIFT ADMINISTRATOR / SECTION HEAD _____ ID No. _____

☐ I ACCEPT THE ACTION PROPOSED BY THE SHIFT ADMINISTRATOR/SECTION HEAD.
☐ I DO NOT ACCEPT THE PROPOSED ACTION BECAUSE: _____

INMATE SIGNATURE: _____ BOOKING ID #: _____ DATE: _____

IF YOU DO NOT ACCEPT A RESPONSE, YOU MUST APPEAL WITHIN 5 DAYS OF THE RESPONSE DATE.

AN EMERGENCY GRIEVANCE MAY BE GIVEN DIRECTLY TO THE HOUSING OFFICER WHO WILL FORWARD THE GRIEVANCE TO THE SHIFT ADMINISTRATOR. AN EMERGENCY GRIEVANCE **MAY ONLY** BE FILED WHEN A MATTER IN WHICH DISPOSITION WITHIN THE REGULAR TIME LIMITS WOULD SUBJECT THE INMATE TO A SUBSTANTIAL RISK OF PERSONAL HARM OR INJURY, OR REMOVE THE ATTAINABILITY OF THE REQUESTED ACTION.

FCS 1104A

January 22, 2010

White - File Yellow - Inmate Once Resolved Pink - Inmate Upon Receipt

FORSYTH COUNTY SHERIFF'S OFFICE
DETENTION SERVICES BUREAU

INMATE GRIEVANCE FORM 2

Date Received: _____
Log #: _____
Category: _____

INMATE NAME: Brian David Hill BOOKING #: 138125 HOUSING LOCATION: 2B07

GRIEVANCE: Today while my health continues to deteriorate, my hemoglobin A1C was 9.5 while it was around 8 outside of jail. Chronic Care Nurse Patrisha Ascorotte blamed my eating for my high blood sugars even though I only eat their diet trays (No Cantine). She refused my request to implement insulin to carb ratio, and didn't want to hear me out on my anxiety/stress (cont. STEP I.)

(ADDITIONAL SPACE IS PROVIDED ON THE BACK OF THIS SHEET. YOU MAY USE ADDITIONAL PAPER IF NECESSARY)

MY PROPOSED RESOLUTION IS: File this form to the U.S. District Court, a copy to Congress and the pink copy retained by the Defendant. 1:13CR435-1
I will file with U.S. Senator Tim Kaine's Office (Virginia) to which he can forward copies to both Judiciary Committees. I will file through mail when I get stamped envelopes.

(ADDITIONAL SPACE IS PROVIDED ON THE BACK OF THIS SHEET. YOU MAY USE ADDITIONAL PAPER IF NECESSARY)

INMATE SIGNATURE Brian D. Hill BOOKING ID # 1908253 DATE 06/08/2015

☒ NON GRIEVABLE - Will be filed with the Court/Congress instead of Jail staff.
☐ GRIEVANCE REJECTED DUE TO: _____

Witnesses to affirm that medical staff ain't doing job:

STEP I ASSIGNED TO (NAME / DATE) Chase Draughn (Type 1 diabetic) Chase Draughn
STEP II ASSIGNED TO (NAME / DATE) James Gregg
STEP III ASSIGNED TO (NAME / DATE) _____

SIGNATURE: _____ DATE _____
GRIEVANCE OFFICER ID No.

STEP I. SHIFT ADMINISTRATOR/SECTION HEAD Brian D. Hill Report
anxiety/stress was one factor in my high A1C even though my doctor accepts stress as a reason for high A1C all as a result of worrying about my criminal case. Nurse didn't want to hear any of it except blame what I eat from their yucky diet trays. (cont.)

SIGNATURE: _____ DATE _____
SHIFT ADMINISTRATOR / SECTION HEAD ID No.

☐ I ACCEPT THE ACTION PROPOSED BY THE SHIFT ADMINISTRATOR/SECTION HEAD.

☐ I DO NOT ACCEPT THE PROPOSED ACTION BECAUSE: I got on to her (Patrisha) about not giving me insulin before I eat their carby diet trays and using the ratio she says they can't do that. She insisted I ain't on a proper diet outside of jail. I told her Human Rights Watch is watching the jails for human rights violations she said they aren't violating human rights. I then threatened to sue her and walked out.

INMATE SIGNATURE: _____ BOOKING ID #: _____ DATE: 06/08/2015

IF YOU DO NOT ACCEPT A RESPONSE, YOU MUST APPEAL WITHIN 5 DAYS OF THE RESPONSE DATE.

AN EMERGENCY GRIEVANCE MAY BE GIVEN DIRECTLY TO THE HOUSING OFFICER WHO WILL FORWARD THE GRIEVANCE TO THE SHIFT ADMINISTRATOR. AN EMERGENCY GRIEVANCE MAY ONLY BE FILED WHEN A MATTER IN WHICH DISPOSITION WITHIN THE REGULAR TIME LIMITS WOULD SUBJECT THE INMATE TO A SUBSTANTIAL RISK OF PERSONAL HARM OR INJURY, OR REMOVE THE ATTAINABILITY OF THE REQUESTED ACTION. If the Jail cannot give the proper insulin and care, I shouldn't be here.

FCS 1104A

January 22, 2010

White - File Yellow - Inmate Once Resolved Pink - Inmate Upon Receipt

She claimed to the officer I refused treatment and was mean to her.

FORSYTH COUNTY DETENTION CENTER

Medical Communication

2B-07

TO: Brian Hill (138125)

FROM: Medical Dept.

DATE: 6-7-15

Your labwork was within normal limits except the Hemoglobin A1C was too high at 9.5 - should be less than 7.

We will closely monitor your blood sugars and adjust the insulin as needed.

You need to carefully follow the diet.

E. Ayala MD